

**OFFICE OF THE FEDERAL DEFENDER**  
**EASTERN DISTRICT OF CALIFORNIA**  
**801 I STREET, 3rd FLOOR**  
**SACRAMENTO, CALIFORNIA 95814**  
(916) 498-5700 Fax: (916) 498-5710

Quin Denvir  
Federal Defender

Daniel J. Broderick  
Chief Assistant Defender

November 7, 2005

Mr. C. Emmett Mahle  
Attorney at Law  
901 H Street, #203  
Sacramento, CA 95814

**FILED**

NOV 14 2005

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY \_\_\_\_\_

Re: **U.S. v. Thomas Roninson**  
**Cr.S-03-0332-DFL**

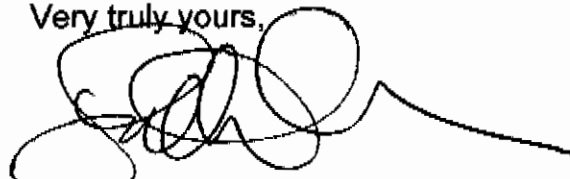
Dear Mr. Mahle:

This will confirm your appointment as counsel by the Honorable Peter A. Nowinski, U.S. Magistrate Judge, to represent the above-named defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,



**CYNTHIA L. COMPTON**  
CJA Panel Administrator

:clc  
Enclosures

cc: Clerk's Office

1. CIR./DIST./DIV. CODE CAE		2. PERSON REPRESENTED Robinson, Thomas		3. VOUCHER NUMBER																																																																																																																																																																											
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:03-000332-002		5. APPEALS DKT./DEF. NUMBER																																																																																																																																																																											
7. IN CASE/MATTER OF (Case Name) U.S. v. Robinson		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant																																																																																																																																																																											
10. REPRESENTATION TYPE (See Instructions) Probation Revocation																																																																																																																																																																															
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1708.F -- THEFT OR RECEIPT OF STOLEN MAIL MATTER																																																																																																																																																																															
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS MAHLE, C. EMMETT 901 H STREET, #203 SACRAMENTO CA 95814  Telephone Number: _____			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: <u>10/20/2005</u> <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise sworn to the court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court <u>10/20/2005</u> Date of Order      Name Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																																												
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CLAIM STATUS      <input type="checkbox"/> Final Payment      <input type="checkbox"/> Interim Payment Number _____      <input type="checkbox"/> Supplemental Payment          Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO          Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, give details on additional sheets.          I swear or affirm the truth or correctness of the above statements.          Signature of Attorney: _____      Date: _____       </td> </tr> <tr> <td colspan="2">23. IN COURT COMP.</td> <td colspan="2">24. OUT OF COURT COMP.</td> <td colspan="2">25. 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